

Adult Protection Concern – Stage 1

This form contains the required information that the person raising an adult protection concern should provide when reporting concerns of Adult Abuse. The person raising the concern is required to complete this written report and forward it to the Adult Protection Team, 1st Floor Crookall House, Demesne Road, Douglas IM1 3QA or electronically via APTeam@gov.im
 (Please note the boxes expand as required)

DETAILS OF PERSON HARMED					
Name					
Address					
Date of Birth					
Location (√)	Community		Residential/Nursing		Hospital
DETAILS OF PERSON RAISING CONCERN					
Name					
Role/position					
Address					
Tel. No.		Date		Time of raising concern	
DETAILS OF CONCERN					
What is the nature of the allegation/incident?					
Physical	<input type="checkbox"/>			Neglect/Acts of Omission	<input type="checkbox"/>
Sexual	<input type="checkbox"/>			Discriminatory	<input type="checkbox"/>
Psychological/Emotional	<input type="checkbox"/>			Organisational	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>			Disability Hate Crime	<input type="checkbox"/>
Spiritual Abuse	<input type="checkbox"/>			Pressure Ulcers	<input type="checkbox"/>
Financial Abuse	<input type="checkbox"/>			Modern Slavery/Human Trafficking	<input type="checkbox"/>
Please give details (including any capacity issues) – When completing the report, it is important to differentiate between, fact, opinion and hearsay.					
Date		Time		Location	
WITNESSES					
Name			Address		
In line with Making Safeguarding Personal has this concern been discussed with the person harmed to ascertain their views, wishes and preferred outcomes? Please record this discussion here. If they have not been spoken to please record this rationale. If it is not a valid reason the concern will not be accepted and will be returned.				<input type="checkbox"/>	Yes
				<input type="checkbox"/>	No

Have the family/carers been informed?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, give reason why					
What has the person harmed said about the alleged abuse					
Give a description of the appearance and behaviour of the alleged person harmed.					
Are any injuries visible – if so, please give a description					
Give details of any information relating to the vulnerability of the alleged person harmed, to help establish the level of presenting risk					
ALLEGED PERSON CAUSING HARM, if known					
Name		d.o.b.			
Address					
Any concerns regarding the person alleged to have caused harm (including any capacity issues)					
Signed					
Name		Date			

Guidance to Raising an Adult Protection Concern.

Part One

DETAILS OF PERSON HARMED					
Name					
Address					
Date of Birth					
Location (✓)	Community		Residential/Nursing		Hospital

This section is self-explanatory fill in full name of person harmed, their address and their date of birth. The location is where they are at the time of the concern. The above is really just for their address – location where harm took place is a different thing. If there is one incident but more than one person harmed as a result then a concern should be submitted for each person.

Part Two

DETAILS OF PERSON RAISING CONCERN				
Name				
Role/position				
Address				
Tel. No.		Date		Time of raising concern

This is the details of the person raising the concern, full name, what your role is, your address, if a professional that would be your business address and phone number. Also the date and time you are raising the concern.

Part Three

What is the nature of the allegation/incident?	
Physical Sexual Psychological/Emotional Domestic Abuse Spiritual Abuse Financial Abuse	Neglect/Acts of Omission Discriminatory Organisational Disability Hate Crime Pressure Ulcers Modern Slavery/Human Trafficking
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Please give details (including any capacity issues) – When completing the report, it is important to differentiate between, fact, opinion and hearsay.	

This section is the details of why you are raising the concern. Use the tick boxes to indicate the type of abuse. For Pressure Ulcers remember there has to be an element of abuse or neglect. The box is for free text to outline the details of the abuse or neglect, give as much information as possible and record any information relating to capacity. This box will expand as you type into it. Also include any steps you may have already taken to assist in reducing the risk to the person harmed. Finally include the date, time and location of abuse.

Part Four

WITNESSES	
Name	Address

This is for the inclusion of any witnesses to the abuse or neglect. This can include anyone who witnessed the abuse whether it is members of staff, family, and members of the public, other patients or service users. To increase the number of boxes simply tab at the end of the last box.

Part Five

Has this alert been fully discussed with the person harmed? Please ensure that their concerns, views and their preferred outcomes are recorded here. If not why not?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

This is very important, as in line with Making Safeguarding Personal the person’s views and wishes must be obtained and the concern should be submitted with their agreement unless there is a public interest element. Their views and wishes should be recorded in this section. There are certain exceptions to sharing without consent which will be outlined in your local information sharing policy. If this is the case it must be evidenced as to why you are sharing without consent. **If the person has not been spoken to or the evidence is not sufficient the concern may not be accepted by the Adult Protection Team.**

Part Six.

Have the family/carers been informed? If no, give reason why	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Information regarding concerns should only be shared with family members with the consent of the person harmed. If the family member is suspected as being the person causing harm then information is not to be shared. If the person harmed does not have capacity then a family member should be consulted and informed that a concern is being raised and why. It is important to consider what the person harmed would have wanted prior to having lost capacity.

Part Seven

What has the person harmed said about the alleged abuse

Record here what the person has said about the alleged abuse.

Part Eight

Give a description of the appearance and behaviour of the alleged person harmed.

This should include emotional and psychological appearance, are there any changes in behaviour or presentation, are they upset, do they appear dishevelled, is there any presentation that is out of character.

Part Nine

Are any injuries visible – if so, please give a description

This should include physical injuries such as blood, bruising, cuts etc, If there is physical injury then with consent a body map should be considered and possibly photographs. If the matter is to be reported to the police remember to preserve any physical evidence.

Part Ten

Give details of any information relating to the vulnerability of the alleged person harmed, to help establish the level of presenting risk

Please record what their vulnerabilities are and why they would fit the criteria for adult protection, consider the criteria definition; Adult (over 18) with needs for care and support who is experiencing or at risk of abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect. This could be person with dementia, learning disability; cognitive impairment the list is not exhaustive.

Part Eleven

ALLEGED PERSON CAUSING HARM, if known			
Name		d.o.b.	
Address			
Any concerns regarding the person alleged to have caused harm (including any capacity issues)			

Details of the person suspected to be causing the abuse. This could also be an organisation rather than an individual e.g. a nursing home or other service provider.

Part Twelve

Signed			
Name		Date	

Name of the person raising the alert and date of completion of concern